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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Crossfit Golden Panther LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Edgard Paredes
Name of Person
Firm/Company
12325 SW 131 ^{S+} Ave
Miami, FL 33186 City/State and Zip Code
edgard Drhinocofitness. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edgard Paredes at (786) 399-5339 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$}\$

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our reco	ords.)		
(A Florida Limited Liab	ility Company)	,		
The Articles of Organization for this Limited Liability Company we	ere filed on April 7	4,20	14 and as	signed
lorida document number <u>L1400066577</u> .	,			
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company here:			
CrossFit Keep Charging LLC The new name must be distinguishable and end with the words "Limited Liability"	y Company," the designation "	LLC" or th	ne abbreviation	L.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)				
-			<u></u>	
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				·_
-				
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our reco	rds, <u>ent</u>	er the name	of the 1
Name of New Registered Agent:			ALL SEA	
Name of New Registered Agent.			至新 8	t Coassa
New Registered Office Address:	Enter Florida street ado		<u> </u>	*:
		ress Florida	10 At 0	hand.
	City	rioriua	Zip Code	is in the last of
New Registered Agent's Signature, if changing Registered Agent:			17	" SAMP
l hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe				

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

company has been notified in writing of this change.

Authorized Member being added or removed from our records:

AMBR = Authorized Member <u>Address</u> Type of Action <u>Title</u> Name _□ Add ____ □ Remove □ Add □ Remove _□ Add ☐ Remove □ Add Remove Remove □ Add ____

Remove

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e effective date must be s	specific, cannot be prior	to date of receipt or	filed date and canno	t be more than 9	(optional) 0 days after
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